

TE-10, SPECIAL HANDLING PROCEDURES

This form is used to notify Disbursing to pull this check from out going mail to collect against an accounts receivable bill which requires cancellation.

The form is sent to disbursing with a copy of the bill to hold the check.

<p style="text-align: center;">***</p> <p style="text-align: center;">HOLD OUT THIS CHECK ***</p> <p><u>due to following circumstances, the check must be processed as follows:</u> <small>(write Explanation & procedures here)</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>DISTRICT:</u> _____</p> <p><u>ADDRESSEE:</u> _____</p> <p><u>OBLIGATION/TRAVEL ORDER NUMBER:</u> _____</p> <p><u>CHECK AMOUNT:</u> _____</p>
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This form is used for mail is sent by FedEx/ Airborne/ DHL at the District's Request.

Attach backup to form and forward to designated employee for approval.

<u>HOT ITEM</u>	
<u>FEDEX/AIRBORNE/DHL</u>	
<u>Place in Special Projects Tray</u>	
DISTRICT CUTTING CHECKS: _____	
FILL OUT THIS FORM FOR EACH FEDEX AIRBILL LISTING ALL THE CHECKS TO BE SENT AND ATTACH IT TO THE BOTTOM OF THIS PAGE:	
CONTRACTOR/PAYEE NAME	AMOUNT
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____
_____	8 \$ _____

Checks needing to be sent by Federal Express to any private contractors or travelers requires approval by Mr. Brockman, Ms. Clower, Mr. Rye, or Mr. Autry. Be sure to write or type clearly the address and receiver's account number to be charged for the Fedex service. (The Finance Center does not pay for Fedex services.)

Approved by: _____
Initials

THE PACKAGE MUST BE RECEIVED BY DISBURSING BEFORE NOON EACH DAY IN ORDER TO ENSURE THAT DISBURSING CAN PROCESS THE CHECK(S) AND GET THE PACKAGE READY BEFORE THE FEDEX MAN ARRIVES AT 1400 HRS

The following form is used for GSA and other invoices where back up must be enclosed. The form is also used when there is a foreign address in CEFMS.

Attach backup or mailing label and forward to designated employee for approval.

SPECIAL HANDLING ATTACHMENT		

DISTRICT: _____		

Obligation Number	Vendor Name	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____
11. _____	_____	\$ _____
12. _____	_____	\$ _____
13. _____	_____	\$ _____
14. _____	_____	\$ _____

REQUESTED BY: _____ **Date:** _____ **Ext.** _____

Disbursing will not hold the check unless you sign and give a valid reason:

Give short explanation as to why the check must be processed

Received in Disbursing: ____/____/____ at _____ hrs

Processed On _____

By: _____

If for some reason, this request cannot be processed normally or had a significant impact on the day's disbursing, please write an explanation as to the circumstances and give to chief of Disbursing to keep in his records.

The following form is used when payment has been cancelled or changed and reissue at the request of the Support Activity.

Forward to Disbursing Division with backup.

****REQUEST FOR VOIDING OF PAYMENT****

PAYMENT TYPE ☐ TCHECK ☐ EFT

**Due to the following circumstances, the below stated
([check] [electronic fund transfer]) needs to be voided
for correction/reissue.**

The transaction cannot be processed without all the information furnished, including the explanation as to why the payment is to be voided

District _____

Payee Name: _____

Check Amount \$ _____

Fill out the following information:

FUND ☐8735 military or ☐8736 civil

Payment number: Check or EFT Number _____

Payment Voiding requested by: _____ / ____ / ____

Performed on _____ by _____

The following form is attached to invoices received for money order or cashier's check fees reimbursement and forwarded to Disbursing.

MONEY ORDER/CASHIER'S CK FEES

EROC: _____

DATE OF CHECK: _____

AMOUNT OF CHECK: _____

ROV NUMBER: _____

FROM: _____

DATE: _____

EXT.# _____